



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/16/2006	200622702946	TRADE NAME RENEWAL (RNR)	25.00	.00	.00	.00	00

Receipt

This is not a bill. Please do not remit payment.

VEDIOR
60 HARVARD MILL SQUARE
WAKEFIELD, MA 01880

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell**RN224538**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

LOCUM MEDICAL GROUP

and, that said business records show the filing and recording of:

Document(s)

TRADE NAME RENEWAL

Document No(s):

200622702946

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 14th day of August, A.D.
2006.

Ohio Secretary of State



J. Kenneth Blackwell, Secretary of State

Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

RENEWAL OF TRADE NAME REGISTRATION

1. The Registration Number to be renewed is: **RN224538**

2. The trade name to be renewed is:

LOCUM MEDICAL GROUP

3. The date of original registration is: **October 24, 1996**

4. The applicant is: (check appropriate item)

SECRETARY OF STATE

2006 AUG 14 PM 12:04

- ☐ an individual
- ☐ an Ohio corporation, Charter Number: _____
- ☐ a foreign corporation, incorporated in the state of: _____
- ☐ a General Partnership
- ☒ a Limited Liability Company
- ☐ a Limited Partnership; County in Ohio where certificate /application of limited partnership is filed: _____
- ☐ a Professional association
- ☐ an association
- ☐ a Society, Foundation, Federation or other organization

5. The name of the applicant designated in item 4 is:

Locum Medical Group LLC

(Note: When the applicant is a partnership, the name of the partnership must appear on this line)

6. The business address of the applicant is:

25825 Science Park Drive, Ste 300

(Street address only, P.O. Box not acceptable)

Cleveland

(City, Village or Township)

Cuyahoga

(County)

OH

(State)

44122

(Zip Code)

7. Complete only if applicant is a partnership:

Names of All General Partners

Complete Residence Address

_____	_____
_____	_____
_____	_____

This document is signed by a corporate officer, general partner, association member or officer, or the individual applicant

By: _____